

**PETITION FOR EXTENSION OF TIME  
UNDER 37 CFR 1.136(a)  
FY 2009**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number	10/581,395	Filing Date	August 14, 2008
For	CHIP SCALE PACKAGE AND METHOD OF ASSEMBLING THE SAME		
Art Unit	2818	Examiner Name	David J GOODWIN

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00	<u>\$130.00</u>
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00	<u>                </u>
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00	<u>                </u>
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00	<u>                </u>
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00	<u>                </u>
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, <b>except for the Issue Fee and the Publication Fee</b> , or credit any overpayment, to Deposit Account Number 19-4880.			

I am the

<input type="checkbox"/>	applicant/inventor
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.
<input type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>25,426</u>
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.
<input type="checkbox"/>	Registration number if acting under 37 CFR 1.34 _____

WASHINGTON OFFICE

23373

CUSTOMER NUMBER



Signature

August 1, 2011

Date

(202) 293-7060

Telephone Number

Carl J. Pellegrini

Typed or printed name

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below.

Total of 1 form is submitted.